

## Section: General Billing Information

## 1.9 Mississippi Division of Medicaid Benefits and Limitations

The following services are covered under the Mississippi Medicaid Program. The definition, scope, duration, and policies are located in the appropriate sections of the Mississippi Administrative Code, Title 23. Be reminded that service limits may change, so always refer to the Mississippi Administrative Code Title 23, or information provided through the web portal. Where items of service are limited to a fiscal year, reference is to the annual period of July 1 through June 30. For waiver benefits, refer to the appropriate waiver section.

Benefit	Limitation	Prior Authorization
Ambulatory Surgical Center services	Not Applicable	No
Chiropractic services	\$700 maximum per fiscal year	No
Christian Science Sanatoria services	Not Applicable	N/ A
Therapeutic and Evaluative Mental Health Services for Children	Refer to Administrative Code Title 23, Medicaid Part 206.	Yes, for evaluations or to exceed the service standard
Community Mental Health Center (CMHC) Services	Refer to Administrative Code Title 23, Medicaid Part 206.	Yes, for beneficiaries under 21 for evaluations, or to exceed the service standard
Dental services Children <ul style="list-style-type: none"> <li>• Preventive</li> <li>• Diagnostic</li> <li>• Restorative</li> <li>• Orthodontia</li> </ul> Adults <ul style="list-style-type: none"> <li>• Emergency pain relief</li> <li>• Palliative care</li> </ul>	Dental \$2,500 maximum per fiscal year- adults and children; additional benefits if prior authorized. Orthodontia \$4,200 maximum per lifetime per child.	If applicable  Administrative Code Title 23, Medicaid Part 204
Dialysis (freestanding or hospital-based) Center services	Not Applicable	No
Durable Medical Equipment	Refer to Administrative Code Title 23 Medicaid Part 209.	Yes
Emergency Ambulance services	Prior authorization required for Urgent Air Ambulance (Fixed Wing) only.	Yes

Benefit	Limitation	Prior Authorization
EPSDT	Limited to beneficiaries less than 21 years of age.	No
Expanded EPSDT services	Prior authorization required for services not covered, or any service that exceeds service limits.	Yes
Eyeglasses (Vision) Services	2 pair per fiscal year for children 1 pair every 5 years for adults	Yes for children after 2 <sup>nd</sup> pair per FY
Family Planning services	Applies to physician office visit limit.	No
Federally Qualified Health Center services	Applies to physician office visit limit.	No
Health Department services	Applies to physician office visit limit.	No
Hearing services	Limited to beneficiaries under 21 years of age.	Yes, for hearing aids
Home Health services	25 visits per fiscal year	*Yes <i>*After the 25<sup>th</sup> visit for beneficiaries under 21</i>
Hospice	Limited to a diagnosis of 6 months or less life expectancy as certified by physician.	No
Hospital services <ul style="list-style-type: none"> <li>• Inpatient days</li> <li>• Outpatient ER visits</li> <li>• Swing Bed services</li> </ul>	Unlimited as of 10/ 1/ 2012 per Perspective Payment System.	Yes No Yes
ICF/ MR services	Therapeutic Leave days limited to 90 days per fiscal year.	No
Inpatient psychiatric services	Refer to Administrative Code Title 23 Medicaid Part 202.	Yes
Laboratory and X-Ray services	Not Applicable	Yes, for certain outpatient, non-emergency advanced imaging procedures (CT, MRI, PET and Nuclear cardiac studies)
Medical Supplies	Refer to Administrative Code Title 23 Medicaid Part 209.	*Yes <i>*Diapers/Underpads Only</i>

Benefit	Limitation	Prior Authorization
Non-emergency transportation services	Limited to Medicaid covered services only. Excluded if services limits have been exceeded. Excluded if beneficiary has transportation resources.	Yes
Nurse Practitioner services	Applies to physician office visit limit.	No
Nursing facility services	Therapeutic Leave days limited to 58 days per fiscal year.	No
Orthotics & Prosthetics	Limited to beneficiaries under 21 years of age.	Yes
Outpatient PT, OT, ST	Not Applicable	Yes
Pediatric skilled nursing (Private Duty Nursing) services	Limited to beneficiaries under 21 years of age.	Yes
Perinatal High Risk Management services	Not Applicable	N/ A
Pharmacy Disease Management Services	12 visits per fiscal year	No
Physician Assistant services	Applies to physician office visit limit.	No
Physician services <ul style="list-style-type: none"> <li>• Office &amp; ER visits</li> <li>• Psychiatry</li> <li>• Hospital inpatient visits</li> <li>• Long-term care visits</li> </ul>	12 per fiscal year 12 per fiscal year  36 per fiscal year	No <b>Yes – See Psychiatry Services</b> Yes No
Podiatrist services	Applies to physician office visit limit.	No
Prescription drugs	5 per month with no more than 2 of the 5 being brand name drugs; beneficiaries under 21 can receive more than the monthly limits with a medical necessity PA.	Yes – for beneficiaries under 21 that require more than 5 prescriptions per month
Psychiatric Residential Treatment Facility (PRTF) services	Refer to Administrative Code Title 23 Medicaid Part 202.	Yes
Psychiatry services	Refer to Administrative Code Title 23 Medicaid Part 203.	Yes – for beneficiaries under 21 who require more than 12 visits
Rural Health Clinic services	Applies to physician office visit limit.	No
Targeted Case Management services for children with special needs	Not Applicable	No

**Refer to the Administrative Code Title 23 Medicaid for information on obtaining prior authorizations from the UM/QIO.**